<u>APPLICATION FOR CERTIFICATE OF OCCUPANCY FOR APARTMENTS</u> Send or bring to:

| Danbury Health and 155 Deer Hill Avenu Danbury, Ct. 06810 | | | |
|--|--|---------------|------------|
| | | Date | |
| | Section 10-10 of the Danbury Code ancy in conjunction with a change | , | pply for a |
| Street Address | | Dwelling Unit | |
| Owner or Agent: | NAME: | | |
| PHONE: Name and phone number of person who will admit Health and Housing Department inspector if different from above. Name: | | | |
| ***** | Phone: | Signature | ****** |

A fee of **THIRTY-FIVE (\$35.00) DOLLARS** is due and payable at time of application. Make check payable to "City of Danbury" and submit to Health and Housing Department. (2/6/03)(j:HOUSING/APP-COA)